

# SPORT-O-RAMA

## For Children Entering Grades K-6

## Coach Mike Fay & Staff Held at Rec Park

## Highlights:

- ### ☀ Age & ability grouping

## ☀ In-line Skating

 Games

## Ball Sports

## Hiking

## Wide World of Sports:

This program is for those who like to play everything. Your child will play a variety of sports including basketball, baseball, soccer, and tennis. Participants will also have an opportunity to use the new in-line skating rink. Register by the day or week. Open **Mon-Fri, 9 am-3 pm**, extended hours available from **3-4 pm**. Sign up early to insure space and get ready for a great time! Enrollment is limited to 40 per day. Remember to bring a snack and lunch each day. Please call Kim Stamas at 978-623-8276 for more information.

**Payments/Withdrawals/Transfers:**

**Fees** must be paid at the time of registration: \$40/day, \$80/wk. There is a \$10 non-resident fee. Refunds will be given for **withdrawals** before June 1st. Transfer from one day to another may be made one week before the start of the session; accommodations based on availability. There is a \$10 administrative fee for each preseason withdrawal.

Receipt #: \_\_\_\_\_

# SPORT-O-RAMA REGISTRATION

**cost:** \$40/day

**save: \$180/week**

**extended pm day: \$5/day**

Applicant's Name \_\_\_\_\_ / / \_\_\_\_\_  
*only one name per form* date of birth age grade

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Is there an updated **Emergency Information Sheet** on file at the DCS office? Yes\_\_\_Attached\_\_\_

Please check all applicable: ☐ Resident ☐ Non-resident ☐ Parent works in Andover

*Check the days you plan on attending and indicate if you need extended care from 3-4 pm:*

August 14-18			Program	Extended	August 21-25			Program	Extended
# 062	Mon	Aug 14	_____	_____	# 072	Mon	Aug 21	_____	_____
# 063	Tues	Aug 15	_____	_____	# 073	Tues	Aug 22	_____	_____
# 064	Wed	Aug 16	_____	_____	# 074	Wed	Aug 23	_____	_____
# 065	Th	Aug 17	_____	_____	# 075	Th	Aug 24	_____	_____
# 066	Fri	Aug 18	_____	_____	# 076	Fri	Aug 25	_____	_____

(\$10 non-resident fee)

Circle method of payment:      **MasterCard**      **VISA**      **Check**      **Cash**

Card Number	Expiration Date	Total \$
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Card Holder's Name/Signature

## Department of Community Services

Town Offices, 36 Bartlet Street, Andover, MA 01810 Telephone: 978-623-8274 Fax: 978-623-8275